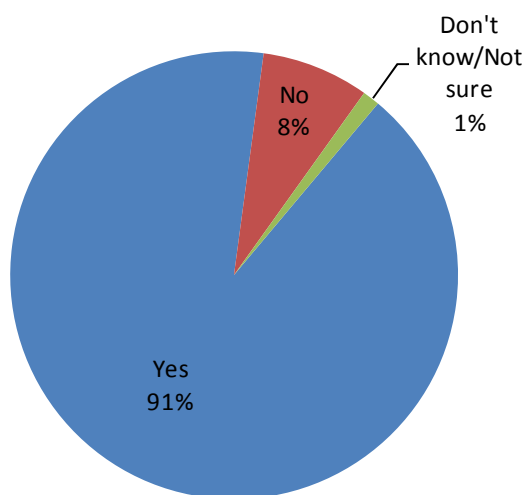


Cancer Survivorship in Nebraska, 2009

Figure 1: Percentage of cancer survivors who reported having health insurance that paid for all or part of their cancer treatment, 2009

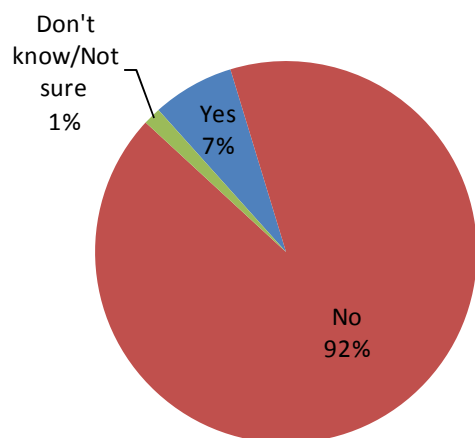


Source: NE BRFSS 2009

2009 Nebraska BRFSS Quick Facts:

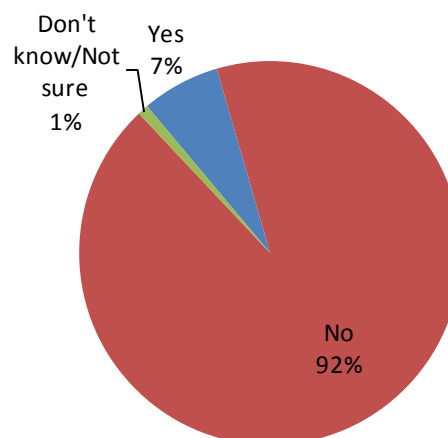
- Only 1 in 3 Nebraska cancer survivors reported ever receiving a written summary of all their cancer treatments from a doctor, nurse or other health professional.
- Fewer than 3 in 5 Nebraska cancer survivors reported ever receiving instructions about the place and person for routine cancer check-ups after completing cancer treatments. Of those who reported receiving these instructions, only one-third reported that they were written down or printed on paper.
- Fewer than 1 in 10 Nebraska cancer survivors reported currently having physical pain caused by their cancer or cancer treatment. Of those who reported currently having pain, nearly one-third reported that their pain was *not* under control.

Figure 2: Percentage of cancer survivors who reported ever being denied health or life insurance coverage because of their cancer, 2009



Source: NE BRFSS 2009

Figure 3: Percentage of cancer survivors who reported participating in a clinical trial as part of their cancer treatment, 2009



Source: NE BRFSS 2009

Nebraska Behavioral Risk Factor Surveillance System

Promoting Health After a Cancer Diagnosis

Cancer survivors are at greater risk for recurrence and for developing second cancers due to the effects of treatment, unhealthy lifestyle behaviors, underlying genetics, or risk factors that contributed to the first cancer. The following factors can help maintain health and improve survival and quality of life after a cancer diagnosis:

Quitting tobacco use: Smoking is a preventable risk factor for cancer recurrence and additional cancers.

Being active and maintaining a healthy weight: Obesity may be related to poorer survival after breast, prostate, and colorectal cancer. Regular physical activity may improve quality of life after a cancer diagnosis.

Discussing follow-up care with a health care provider: Important topics to discuss include: A follow-up plan of care that includes a schedule of recommended follow-up visits, screenings, and medical tests and specifies which providers will be responsible for care; possible delayed effects of treatment; the importance of seeking timely care in response to certain signs or symptoms; emotional wellness after cancer and identifying available resources for additional support, if necessary; lifestyle changes recommended for improving health and well-being after cancer; and developing an effective support system that meets survivors' medical and emotional needs.

For more information about promoting health after a cancer diagnosis, visit www.cdc.gov/cancer/survivorship.

Additional resources on cancer survivorship include *A National Action Plan for Cancer Survivorship: Advancing Public Health Strategies* available at www.cdc.gov/cancer/survivorship/pdf/plan.pdf and the Institute of Medicine's *From Cancer Patient to Cancer Survivor: Lost in Transition*

For more information about cancer survivorship, contact:

Nebraska Comprehensive Cancer Control
301 Centennial Mall South, P.O. Box 95026
Lincoln, NE 68509-5026
Phone: 402-471-4411
Fax: 402-471-6446
Website: www.dhhs.ne.gov/NebraskaCARES



About the Nebraska Behavioral Risk Factor Surveillance System

The Nebraska Behavioral Risk Factor Surveillance System (BRFSS) has been conducting surveys annually since 1986 for the purpose of collecting data on the prevalence of major health risk factors among adults residing in the state. Information gathered in these surveys can be used to target health education and risk reduction activities throughout the state in order to lower rates of premature death and disability.

The data presented in this report come from approximately 16,000 landline telephone BRFSS surveys conducted in Nebraska in 2009. Prevalence estimates are based on weighted data rather than raw numbers of responses to a question. The weights adjust for over- or under-sampling of age/gender groups.

To learn more about the Nebraska Behavioral Risk Factor Surveillance System, or to view additional reports, visit: <http://www.dhhs.ne.gov/brfss>